**EQUAL OPPORTUNITIES MONITORING FORM**

Disability Information Scotland is committed to equal opportunities to ensure that no job application receives less favourable treatment on race, religion, gender, marital status, age, disability or sexuality.

Please fill in this form so that we can monitor the implementation of our equal opportunities policy. The answers that you give will be treated in the strictest confidence and will only be used for statistical monitoring. This page will not be attached to the application form during the short listing and interview process.

**Disability / Long term condition**

Do you have any of the following conditions which have lasted, or are expected to last at least 12 months? Please tick all that apply

Deaf, deafness, hard of hearing or deafblindness

Blindness or other vision impairment

A Physical Disability

A Learning Disability

A mental health condition

A long term illness

Prefer not to answer

Other – Please write

**Gender**

Male  Female  Prefer not to answer

**Age Range**

Under 25  25-34  35-49  50-65  Over 65

**Religion**

None  Church of Scotland  Roman Catholic  Other Christian

Muslim  Buddhist  Sikh  Jewish  Hindu  Pagan

Prefer not to answer If other religion or belief, please write

**Sexual Orientation**

How would you describe your sexual orientation? (please tick one box only)

Straight  Gay/Lesbian  Bisexual  Transgender   
 Prefer not to answer If other, please write

**Ethnic Group**

**White**

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to answer

Any other white background, please write

**Mixed / multiple ethnic groups**

White & Black Caribbean  White & Black African  White & Asian

Prefer not to answer

Any other mixed background, please write

**Asian or Asian British**

Pakistani  Indian  Bangladeshi  Chinese  
 Prefer not to answer

Any other Asian background, please write

**Black / African / Caribbean / Black British**

African  Caribbean  Prefer not to answer

Any other Black/African/Caribbean background, please write

**Other ethnic group**

Arab  Prefer not to answer

Any other ethnic group, please write

Please enclose the completed form with your application and send to   
**Anne Hastie, Chair, Disability Information Scotland** [**anne.hastie@disabilityscot.org.uk**](mailto:anne.hastie@disabilityscot.org.uk)